

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

Substitute for Form PTO-1360
(For use with Form PTO/SB/06)

Application Number

10593118

Filing Date

Applicant(s) **Paul Cochrane**

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend						
1			1				51					
2				1			52					
3			1				53					
4				1			54					
5					1		55					
6					1		56					
7			1				57					
8				1			58					
9					1		59					
10					1		60					
11						1	61					
12							62					
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42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep:	0			3			0					
Total Depend:	0		←	7	←		0	←				
Total Claims:	0	██████		10	██████		0	██████				